

CRITERIA FOR PRIOR AUTHORIZATION**Long-Acting Insulin/GLP1 Agonist Combinations****PROVIDER GROUP** Pharmacy

MANUAL GUIDELINES The following drugs requires prior authorization:
Insulin glargine-lixisenatide (Soliqua®)
Insulin degludec-liraglutide (Xultophy®)

CRITERIA FOR APPROVAL (Must meet the following criteria):

- Patient must have a diagnosis of type 2 diabetes mellitus (T2DM)
- Patient must be inadequately controlled on:
 - For Soliqua: basal insulin (less than or equal to 60 units daily) or lixisenatide
 - For Xultophy: basal insulin (less than or equal to 50 units daily) or liraglutide
- Patient must be 18 years of age or older
- Patient must not have any of the following:
 - End stage renal disease (ESRD)
 - History of pancreatitis
 - Diabetic ketoacidosis or type 1 diabetes mellitus
 - Gastroparesis
 - Using prandial (meal-time) insulin
- Dose must not exceed:
 - For Soliqua: 60 units per day (60 units insulin glargine/20 mcg lixisenatide)
 - For Xultophy: 50 units per day (50 units insulin degludec/1.8 mg liraglutide)

LENGTH OF APPROVAL 12 months

DRUG UTILIZATION REVIEW COMMITTEE CHAIR

PHARMACY PROGRAM MANAGER
DIVISION OF HEALTH CARE FINANCE
KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

DATE

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